

**VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF TUBERCULOSIS CONTROL
RADIOGRAPHIC EVALUATION OF PATIENTS WITH LATENT TB
INFECTION OR CONFIRMED/SUSPECTED TB DISEASE
ADDENDUM: POLICY TB01-001--Procedure for Obtaining Reimbursement for
Eligible Chest Radiographs**

- 1) Requests for reimbursement from eligible health districts should be forwarded to the Division of Tuberculosis Control (DTC) on a monthly basis in the form of an agency transfer voucher (ATV). The ATV form should include the total amount requested and local district accounting codes. Once charges are verified, DTC will enter divisional codes and the completed ATV will be submitted to the fiscal office. DTC will not honor any requests for funds transfer that are forwarded directly to the fiscal office
- 2) The ATV request must be accompanied by adequate supporting documentation. At a minimum, each film covered by the ATV must include a copy of the VDH Form 01-TB-512 (TB Risk Assessment).
- 3) Indicate the applicable eligibility criteria at the top of the 01-TB-512. The following definitions should be used in determining eligibility:
 - ?? **TB Suspect:** a patient with current signs or symptoms suggestive of tuberculosis disease, who also has documented latent TB infection or in whom the diagnosis of tuberculosis is under serious consideration even in the absence of a positive tuberculin skin test.
 - ?? **TB Case:** a patient with confirmed tuberculosis disease currently undergoing evaluation or treatment and requires a film to assess the clinical course of his/her disease. All TB cases must have been reported to DTC and be entered in the case registry.
 - ?? **High Risk Contact:** a patient who is identified as a result of a current, ongoing investigation as a contact to an active case or suspected case of tuberculosis disease and who also meets the following criteria:
 - ?? has a new significant reaction (>5mm induration) to the tuberculin skin test
 - ?? has symptoms suggestive of tuberculosis disease, regardless of reaction to the tuberculin skin test
 - ?? is immunosuppressed (HIV co-infected or on therapeutic immune suppression), regardless of reaction to the tuberculin skin test
 - ?? is a child 4 years of age or less, regardless of symptoms or reaction to the tuberculin skin test
 - ?? **MDR-TB Follow up:** a patient with history of MDR-TB (resistant to both isoniazid and rifampin) who has been treated and cured but requires ongoing follow-up to document the absence of recurrence.
 - ?? **TB Classified Alien:** a new immigrant or refugee, belonging to TB Class A, B1 or B2 as designated by the United States Public Health Service. The patient's alien number (an eight digit number followed by an "A") as assigned by the US Immigration and Naturalization Service (INS) **must** be included on the 01-TB-512.

ADDENDUM to POLICY TB00-001--Procedure for Obtaining Reimbursement for
Eligible Chest Radiographs

- ?? **HIV/TB Co-infected:** all persons with HIV infection who are also known to have latent tuberculosis infection based on a positive tuberculin reaction and in whom treatment of latent TB infection is planned.
 - ?? **Other:** patient not meeting any of the above criteria, but for whom prior approval for chest radiography has been obtained from DTC.
- 4) ATV requests will be processed within 2 days of receipt by DTC. If supporting documentation is incomplete, processing of the ATV will be delayed until additional information has been obtained from the submitting locality. DTC will contact the locality (PHN listed on the 01-TB512) if additional supporting information is needed.